



OKLAHOMA INSURANCE DEPARTMENT

REGULATED INDUSTRY SERVICES DIVISION CONTACT INFORMATION CHANGE FORM

Use this form to update the physical, mailing, business and statutory address contact information for the License/Registration/Permit. For any other entity changes please contact the Regulated Industry Services Division at ris@oid.ok.gov for additional instructions.

Email this completed form to ris@oid.ok.gov.

License/Registration/Permit Type _____

Name of Entity: _____

DBA (if applicable): _____

Other Name (if applicable): _____

FEIN: _____ *Oklahoma License/Registration/Permit No: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Statutory Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Toll Free Number: _____

Main Email: _____ Website: _____

Alternate Email: _____ Alternate Email: _____

Person to contact regarding questions: _____

Telephone: _____ Email: _____

The answers supplied therein are true and correct to the best of my knowledge and belief, and I further state that I recognize the applicable insurance laws of the State of Oklahoma and the rules and regulations of the Oklahoma Insurance Commissioner governing this regulated entity.

Date: _____

Signature

Title